



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OPEN DOORS APPLICATION CUSTOMER ID _____

Thank you for applying for financial assistance through the Open Doors program of the Tampa Metropolitan Area YMCA. The Tampa Metropolitan Area YMCA is a nonprofit, community-based, health and human services organization that is committed to helping people achieve their full potential in spirit, mind and body. The YMCA's Open Doors program is available to people of all ages, backgrounds, abilities and incomes.

Each year the Tampa Metropolitan Area YMCA provides over \$1.5 million dollars in financial assistance. These funds are made possible through the generous gifts from our members and donors to the Annual Giving Campaign.

SECTION 1: MAKING AN APPLICATION

The YMCA's Open Doors program follows a sliding fee scale, designed to fit each individual's financial situation. In order to foster a sense of ownership in the YMCA, you will be asked to pay a portion of the fees.

Our current membership fees are as follows. Please select the membership type you are applying for:

Teen 13-19	\$39	Senior	\$45	Two Person Household	\$85
Individual 20-29	\$44	Senior Couple	\$71	Family	\$91
Individual 30+	\$56				

The maximum amount that I can pay per month is: \$ _____

Household Income (include income for anyone who is employed)

Adjusted Annual Gross Income: \$ _____
(Form 1040, line 37 or Social Security/Disability or income from other sources)

SECTION 2: STATEMENT OF UNDERSTANDING

Please read and check off each statement and initial at the bottom that you understand.

I understand:

- ▶ The Tampa Metropolitan Area YMCA is a nonprofit organization and that financial assistance is made possible through the generosity of donors and members.
- ▶ My subsidy will expire 1 year from approval date.
- ▶ To maintain my subsidy, I will need to provide updated documentation when requested by the YMCA, and I will be afforded at least 30 days to provide information when requested. Failure to do so may lead to my subsidy being revoked.
- ▶ If my subsidy is revoked or expires, my membership does not automatically cancel and my membership will revert to a full pay membership and the appropriate current membership fees will be charged.
- ▶ I must submit requested documentation listed in Section 3 in order for my application to be reviewed and must notify the YMCA if my financial situation improves, so that my membership subsidy can be re-evaluated, thus providing more opportunities for others in need.
- ▶ Scholarships will be awarded on a first-come, first-served basis, subject to available funds and eligibility.
- ▶ All YMCA members receive the same membership benefits, regardless of whether or not they are receiving assistance. I further understand that I am joining an organization that cares greatly for the health and well-being of all people and is focused on the pillars of Youth Development, Healthy Living and Social Responsibility.

_____ **PLEASE INITIAL THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT ABOVE.**

SECTION 3: REQUESTED DOCUMENTATION

(applicants age 65 and older may skip this section and proceed to section 4)

In order to provide financial assistance in a fair and consistent manner, the following document in **BOX A** must be attached and included with your application. If income tax return does not reflect current income or does not file Tax Return, then **ALL** additional documents in **BOX B** will need to be included along with tax return/s or 4506T to apply for non-filing letter.

BOX A (tax return)

- ▶ Your most recent federal income tax return (if you are applying for family membership and you file "Married Filing Separately," please provide both returns)

BOX B (non-filing application & additional financial documents)

- ▶ Non-filing form 4506T (only if applicant states does not file Tax Return)
- ▶ Last two pay stubs/LES (military) OR Social Security or disability statements (or copy of bank statements showing amount of automatic monthly deposit)
- ▶ Documentation of any Federal Assistance such as food stamps, rent subsidy or Aid to Dependent Children cash assistance, TANF, DSS subsidy, etc.
- ▶ Child support agreement

NOTE: If you do not have any of the above documents required, you must submit a letter explaining your personal situation, as well as why you do not have documents.

All personal information will be kept confidential and secure.

SECTION 4: APPLICANT INFORMATION

Primary Adult (Please print legibly)

First, Middle & Last Name _____

Date of Birth _____ Phone _____ Email _____

Address (include apt # if applicable) _____

City _____ State _____ Zip _____

Are you age 65 or over? Yes No

Second Adult (living in same household)

First, Middle & Last Name _____

Date of Birth _____ Phone _____ Email _____

Dependents/Additional People (living in same household)

First, Middle & Last Name _____ DOB _____

First, Middle & Last Name _____ DOB _____

First, Middle & Last Name _____ DOB _____

First, Middle & Last Name _____ DOB _____

First, Middle & Last Name _____ DOB _____

What Type of Programs Are You Interested In?

YOUTH SPORTS
Participant Name(s) / Sport Name(s)

SWIM LESSONS
Participant Name(s)

OTHER PROGRAMS
Participant Name(s) / Program Name(s)

Additional Information

Why do you need financial assistance for YMCA membership or programs?

SECTION 5: CERTIFICATION OF INFORMATION

I certify that all information on my application is true and complete to the best of my knowledge and any misrepresentations may result in automatic membership termination and suspension from making future applications. I further understand that I am applying for a financial assistance subsidy and that the subsidy will expire on the 1st of the month, one (1) year from approval date. Failure to provide updated income documentation when requested will result in the full membership fee being applied to my account.

I understand that expiration or revocation of my subsidy does not automatically cancel my membership and that I must provide the YMCA a 30-day written notice to cancel my membership.

Please note that your approval rate is pending verification from our management team.

Signature of applicant _____ Date _____

By checking this box, I am consenting to the use of my electronic signature and agree that the electronic signature is valid and has the same effect as an actual written signature on a paper copy of this document.

FOR OFFICE USE ONLY

Date _____

Customer ID _____

Household Adjusted Annual Gross Income \$ _____

Membership type (circle): Teen 13-19: \$39 Senior: \$45 Two Person Household: \$85
 Individual 20-29: \$44 Senior Couple: \$71 Family: \$91
 Individual 30+: \$56

MEMBERSHIP

Rate Member Can Pay \$ _____ Rate per Scale \$ _____ Approved Rate \$ _____

Subsidy % per Scale _____ Approved Subsidy % _____

ACTIVITIES/PROGRAMS

Activities Subsidy _____% Program Lic. Childcare Subsidy _____%

Processor Name _____ Signature _____ Date _____

Membership Director Name _____ Signature _____ Date _____

Executive Director Name _____ Signature _____ Date _____

OPEN DOORS APPLICATION RVS 220118